

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

LINDON CARE AND TRAINING CENTER PROVIDER #: 46G007 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
680 N STATE ST PHONE NUMBER: (801) 785-2179 TOTAL: 66  
LINDON UT 84042 PARTICIPATION DATE: 07/01/1982 CERTIFIED: 66 TYPE OWNERSHIP: PRIVATE NON PROFIT  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 05/08/2003	LTC AGREEMENT DATES	TOTAL CERTIFIED BEDS: 66
TOTAL: 61	BEGINNING: 09/01/2003	18 18/19 19 ICF/MR
MEDICARE: 0	ENDING: 08/31/2004	-- ----- --
MEDICAID: 0	EXTENSION:	66
OTHER: 0	ADMISSION SUSPENDED:	
	SUSPENSION RESCINDED:	

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY 07/2000	PRIOR 2 SURVEY 09/2001	PRIOR 1 SURVEY 09/2002	CURRENT SURVEY 05/08/2003	PLAN/DATE OF CORRECTION	PROGRAM REQUIREMENTS
	X				STD W0108-COMPLIANCE WITH SAFETY LAWS
X	X	X			STD W0109-COMPLIANCE WITH SANITATION LAWS
		X			STD W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
X	X				STD * W0196-EACH CLIENT MUST RECEIVE ACTIVE TREATMENT PROGRAM
X		X			STD W0341-CONTROL OF COMMUNICABLE DISEASES
	X				STD W0368-DRUGS ADMINISTERED IN ACCORDANCE WITH PHYSICIANS ORDERS
	X				STD W0369-ALL DRUGS ADMINISTERED WITHOUT ERROR
	X				STD W0370-UNLICENSED PERSONNEL ADMINISTER DRUGS ONLY IF STATE PERMI
	X				STD W0371-CLIENTS TAUGHT TO SELF - ADMINISTER DRUGS IF APPROPRIATE
	X				STD W0374-DRUGS PACKAGED, LABELED ACCORDING TO STATE LAW
		X			STD W0388-LABELING OF DRUGS & BIOLOGICALS
	X	X			STD W0390-OUTDATED DRUGS REMOVED FROM USE
	X				STD W0391-DRUG CONTAINERS WITH WORN, ILLEGIBLE LABELS REMOVED FROM
	X				STD W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
X					STD * W0460-CLIENTS RECEIVE NOURISHING, WELL - BALANCED DIET
	X				STD W0466-DIETS PREPARED IN ACCORDANCE WITH RECOMMENDED ALLOWANCES
	X				STD W0472-FOOD SERVED IN APPROPRIATE QUANTITY

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 07/2000	PRIOR 2 SURVEY 09/2001	PRIOR 1 SURVEY 09/2002	85 EXIST CURRENT SURVEY 05/08/2003	PLAN/DATE OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
	X	X			K0018-CORRIDOR DOORS
	X	X	X C	06/30/2003	K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
	X				K0046-EMERGENCY LIGHTING
	X				K0047-EXIT SIGNS
	X	X	X F		K0056-AUTOMATIC SPRINKLER SYSTEM
		X			K0061-MAIN SPRINKLER CONTROL
X					K0062-SPRINKLER SYSTEM MAINTENANCE
X					K0064-PORTABLE FIRE EXTINGUISHERS
	X				K0130-OTHER

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0	0	0	0
STANDARD	0	5	13	4
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	2	1
HEALTH TOTAL	0	5	13	4
LIFE SAFETY CODE	2	4	5	2
LIFE SAFETY CODE + HEALTH	2	9	18	6

STATUS OF DEFICIENT COPS  
CURRENT SURVEY

COP	DEFICIENCY NOT CORRECTED	DEFICIENCY CORRECTED AFTER APPROVAL	REPEAT COP DEFICIENCY
	0	0	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
12/28/2000	UNSUBSTANTIATED
02/07/2001	SUBSTANTIATED
03/07/2001	UNSUBSTANTIATED
09/12/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY